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Continuing medical education in general practice

We know who and why but not how good it is

Doctors need to keep up to date. In the 1950s and 1960s an acceptance of the need for continuing medical education in general practice led to the development of postgraduate centres to which all doctors had access. Educational meetings at these centres were funded by the National Health Service under section 63.[1]

Since the financial incentive to attend these meetings has been removed several studies have looked at what general practitioners think of postgraduate education[2] and whether they participate.[3] A recent study from the west midlands, published by the Royal College of General Practitioners, explored in detail the attitudes and behaviour of general practitioners regarding postgraduate education.[4] A detailed questionnaire was sent to a random sample of general practitioners to assess the difference between attenders and non-attenders at activities under section 63.

The findings supported the work of earlier investigators: nearly three quarters of general practitioners attended one or more lunchtime meetings under section 63 and more than half the non-attenders did not attend any other educational activities. The investigators also examined general practitioners' reading habits. Most scanned newspapers and journals sent to the practices—89% read the free weeklies, 73% the *BMJ*, 27% the *Journal of the Royal College of General Practitioners*, and 5% the *Lancet*. The influence of the pharmaceutical industry was important, the industry sponsoring 82% of the non-section 63 meetings; three out of four general practitioners said that drug companies sponsored all the practice based meetings they had attended.

Practices differed in their commitment to continuing medical education; in some, provisions for study leave were inscribed in practice agreements whereas others actively discouraged leave. Of the general practitioners interviewed, half experienced persistent isolation in their work, and there were strong indications of insecurity and uncertainty. Those who attended postgraduate centres were more mature and resilient to the demands and pressures of practice than non-attenders, who seemed less organised and more conscientious. Non-attenders seemed less extrovert and more isolated—much less "clubbable" than attenders (which conflicts with the commonly held view that doctors who do not attend postgraduate centres spend their time on the golf course).

Of the various types of postgraduate education, the formal lecture presentation was preferred. Many general practitioners had reservations about the quality of the meetings they attended: 40% in one study were critical of the standard of presentation.[5 6] In contrast, many who attended practice based meetings noted the high calibre of material available on video tapes.

None of these studies have examined the outcome of continuing medical education. In view of the costs to those attending and organising these activities this is surely a topic that requires further research. It has been suggested that in the United States the continuing medical education "industry" does not sufficiently improve performance to justify the current expenditures of effort and money. Sanazaro concluded that continuing medical education is but one link in the "quality assurance chain."[7] There is clear evidence that having the most up to date knowledge (K) and attitudes (A) does not necessarily mean translation into practice (P), the so called "KAP" gap.[8]

General practitioners and hospital staff should, by peer audit, examine their performance and identify the subjects in which further education is required.[9-11] In consultation with their clinical tutor (which, according to the report, every general practitioner should have) doctors can plan the right educational programme, whether this is clinical attachment to a postgraduate centre, distance learning, or practice based education.

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